



EXPERIMENT IN LIVING

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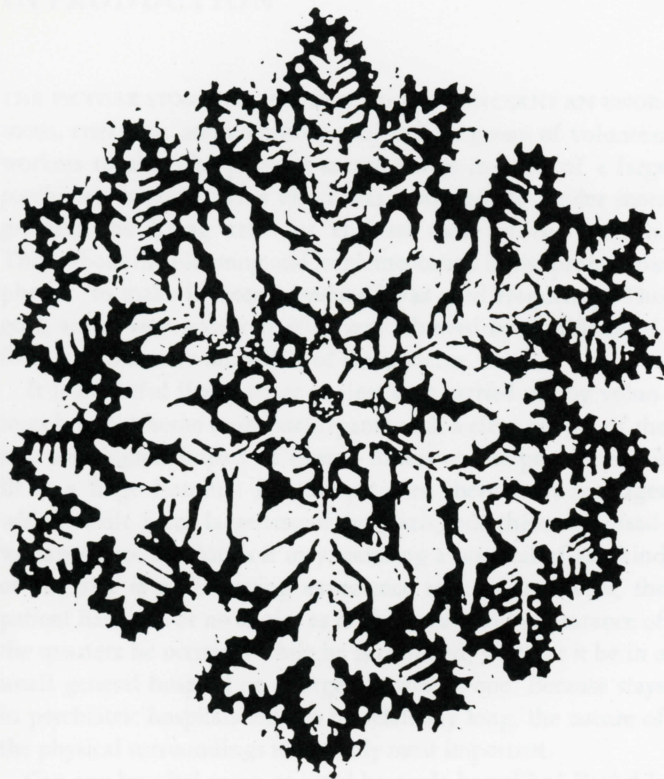
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EXPERIMENT IN LIVING *by Dorothy Schloss*

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INTRODUCTION

THE PICTURE STORY IN THIS LITTLE BOOK CONCERNS AN ENORMOUS, energetic, and ambitious project by a group of volunteer workers to alter the physical surroundings in parts of a large psychiatric hospital. This effort was instigated to render more gracious the living area for at least some of the patients. Throughout the planning and implementation of the project, the phrase "to make it more homelike" was used frequently. This goal, and a very good one it is, was achieved by significant efforts by volunteers on behalf of the patients.

It is doubtful if any other project ever carried out by volunteers brought home to its participants such a clear picture of the true sociological impact of mental illness on the person who is ill in a large hospital. For the patients, there are advantages which result from largeness of hospitals, but there are disadvantages also. Be that as it may, entering a hospital of any kind or any size is a distressing experience and, in any event, the patient has little or no choice as to the nature and appearance of the quarters he occupies while he is confined, whether it be in a small general hospital or a large psychiatric one. Because stays in psychiatric hospitals tend to be relatively long, the nature of the physical surroundings is certainly most important.

Can any hospital room or ward be made homelike? Probably

not, but certainly color, texture, and form, whether good or bad, have an undeniable effect on all of us, sick or well. A warm, live environment where the necessary physical features contain the greatest possible grace of line, color, and texture, and at the same time fulfill the architectural purpose, will render better the condition of anyone who enters.

It is probably impossible for a patient whose health needs require his presence in a hospital not to evaluate his own worth, at least to some degree, in terms of the amount of interest and effort expended on the physical surroundings by those who are responsible for his care. Certainly the tacit expectation that the patient will share actively in the management and preservation of his physical environment is a valuable motivating feature towards personality reintegration. Perhaps then the real meaning of a "homelike" area is secondarily in the remarkable and delightful physical improvements in the wards involved in this project, while a primary achievement in the direction of "homelike" is in the expression of individual worth and dignity which is so obvious in the design of this project. A patient cannot keep from perceiving the role accorded him any more than the hospital personnel can avoid responding to the underlying meaning achieved by the rigorous, persistent effort by the project participants to modify the ward setting.

C. J. RUILMANN, M.D.
Director of Mental Health
and Hospitals
Board for Texas State Hospitals
and Special Schools

FOREWORD

In an age when the "B2 Project of the N. S. I. D." might indicate a nuclear bomb sight or perhaps a new wing design for a jet plane, the title is used instead by patients, staff, and visitors to designate a particular and special ward at Terrell State Hospital in Texas.

The new concept in furnishings and color has been planned by professional designers who worked side by side with forward-looking professionals in the treatment of emotionally disturbed persons. Their joint purpose was to achieve an atmosphere, through an attractive yet home-like environment, in which new treatment methods might be explored.

The Texas Chapter of the National Society of Interior Designers gave not only of their skills and talents in a volunteer contribution, but eventually—although this was not originally

planned—financed the project with \$5,000 which was partially accumulated through their own fund-raising efforts.

The lioness' share of the credit for the completion of this unusual gift belongs to Louise Wolff Kahn, N. S. I. D. project chairman and long-time hospital volunteer.

This has been the first major attempt in the Southwest to utilize professional designers in creating a desired psychological climate.

Indeed, it must certainly be one of the first attempts also of the designers to respond to hospitalized patients as "clients" who are theoretically in need of a home which would offer increased opportunities for a natural living experience.

DOROTHY SCHLOSS
Volunteer Coordinator
Terrell State Hospital



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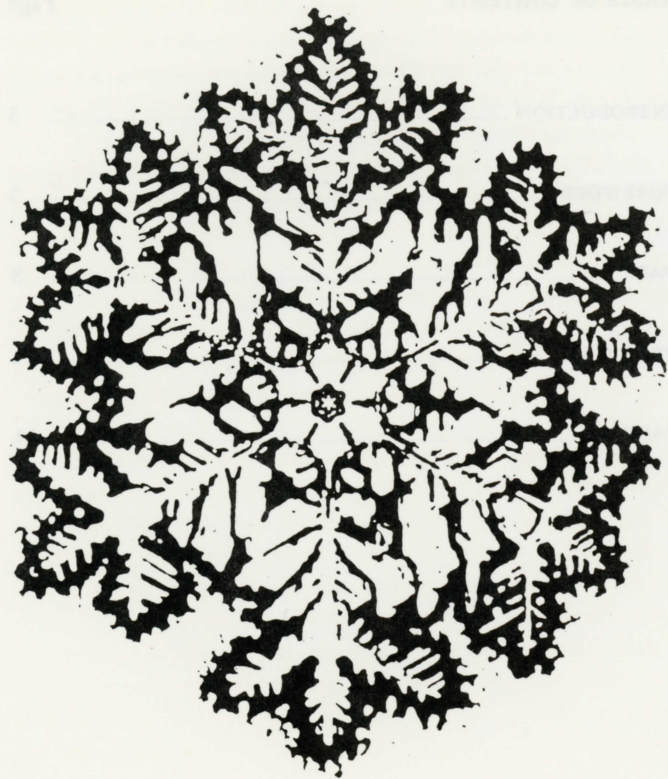
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PART I

AN ENVIRONMENT FOR LIVING

A "Pilot Ward Project" designed to be used as a setting for new approaches to the treatment of the mentally ill just doesn't happen quickly or easily in a state institution.

However, when four or five enthusiastic, forward-looking people plan together as they did when the B2 Pilot Ward Project was just a dream, things can happen. They did at Terrell.

The following report, and the picture story of the progress and completion of the B2 Project actually cover nearly three years of effort.

It all began when Dr. Eugene Bumpass, Chief of the Male Intensive Service, and Miss Nell Isbell, the Assistant Director of Nursing, were looking for ways to improve their acute treatment ward. At about the same time, Miss Isbell, or "Izzy" as she is lovingly called by all who know her, was awarded a foundation grant to attend a psychiatric nursing workshop.

When she returned, she wore a dreamy expression—not unlike a youngster smitten with first love. But Izzy was no youngster. She had spent 20 years in army and state hospitals, and her work toward improvement in nursing care for mentally ill patients was widely known and respected. Her enthusiasm,

which had dimmed at times, as walls and barriers multiplied, had been kindled with new hope. The last words of the instructor of the course in dynamics were ringing in her ears as she left for Texas. "Go home and find yourself a project." Izzy didn't need to find one; she had one stirring.

Dr. Bumpass and she were well aware of the problems inherent in large mental hospitals. Together they started shaping a new program for one male acute treatment area. Their goal was a ward with an atmosphere where attendants and technicians working closely with patients would be allowed a variety of approaches, where the attitude of the staff might contribute to the earlier improvement in mental health rather than the traditional "caring for patients" as their duties were officially described.

Their discussions drew others with similar ideas. These included the hard-working chaplain, Rev. J. Winton Gable; a young psychologist, then chief of the hospital psychology department, Dr. Don Giller; a consultant sociologist, Dr. Harry Martin; the current ward physician, Dr. S. Martin Fantony; and rehabilitation and vocational guidance specialists.

Stimulated by the scope of ideas which were developing in the informal get-togethers, the group scheduled more formalized conferences. Dr. R. C. Rowell, hospital superintendent, now deceased, and Dr. Hugh N. Brown, clinical director, were in-

vited to participate. They gave administrative support to committee decisions and action.

Dr. Don Giller, in a summary of his observations after the first few meetings stated: "Understanding new ways of responding to patient behavior was ultimately considered to constitute the core area for development on this ward. In general, the existing structure was rigid. Yet routine was regulated on the one hand and inconsistent on the other. Patients by and large were not allowed to express feelings or actions contrary to the implicit definition of the 'good patient,' which seemed to mean one who cooperates, is quiet, and allows the staff to get their work done."

The committee recognized the possibility that the habit of the patient's being forced into the role of a "good patient" might have become too important and that, at times, the emotional needs of the person as an individual were going unrecognized.

Various patient programs were begun. A weekly ward meeting was held where patients and staff alike shared their mutual concern about problems prevalent in the course of living together, day in and day out.

Patient committees assigned to various aspects of the ward programs were formed, each carrying certain responsibilities toward the entire plan. A ward chairman was elected by popular vote. A chairman of the clothing room, a bath committee,

entertainment committee, and housekeeping committee were selected.

Guided by the staff doctors and psychologists, and aided by sociologists and psychiatrists serving as staff consultants, the gradual re-training of existing ward personnel became of paramount importance in the continuing program. A deepening of their understanding of psychological processes enabled these employees to be increasingly comfortable in exploring their own potentials as persons who could not only be more competent, but could also be warmly understanding.

One technician's remarks following a meeting went something like this: "You know, there was a time when the word structure meant just walls and ceilings—the physical plan of a building. I still believe that this basic physical environment may have something to do with the entire ward structure, as we use the word, which now means so much more to me and includes attitudes, housekeeping routines, nursing care, and social or recreational activities."

As emotional needs came to be considered increasingly, the personnel looked anew at the physical environment of the ward. They discovered a very clean institutional setting, in keeping with present concepts concerning housing for the mentally ill. The ward was utilitarian and comfortable and was furnished in the traditional manner.

Construction of this particular ward building had been com-

pleted only nine years previously. As for most state building, contracts had been awarded on a basis of minimum cost; thus, the buildings boasted no frills.

Perhaps the amount of paper work and red tape necessary for any change, or perhaps the inadequate communication lines between the people who actually used these facilities for treatment and the architects and contractors who designed and built these facilities, negated efforts to effect changes. Many of the security measures which in former years had been necessary for the patients' protection, now, because of new treatments and tranquilizing drugs, seemed completely unnecessary.

Institutional furniture design had been improved through the introduction of plastics and new uses of metals. Yet through no stretch of the imagination could any of the furnishings be termed as "homey." Was this point important? The committee felt it could be.

The committee realized that it obviously would not be feasible to change the physical structure of just one ward, or to attempt to justify the expenditure of state funds for furnishings which would have to be purchased individually for this one area.

The idea of volunteer help was introduced first at this point. A list of small items which would help at least to make the place seem more inviting was presented to the Volunteer Council. The list included ash trays, lamps, and accessories.

Mrs. William Rochelle, current Council Chairman, caught

the enthusiasm of the dedicated staff and took the idea to the National Society of Interior Designers.

Members of the Texas chapter of the Society had twice before contributed their skills as a volunteer service at Terrell State Hospital in these ways: The Administration Building reception area, formerly a cold and cheerless visitors' waiting room, had been refurnished and draped as the first project of this organization.

A bleak and unused second floor room had been recently turned into the peaceful "Little Chapel," mostly through the group's ingenious use of a soft blue coloring for existing furnishings and walls. Draperies were added to cover ugly windows and meaningless woodwork. Upholstery fabrics for regulation hospital chairs had been chosen and supplied by the decorators.

The Hospital's Volunteer Council presented this third and most ambitious project to the N. S. I. D. for its consideration. The Superintendent cited the project as a desired therapeutic tool.

The B2 Committee knew little about the way in which materials, colors, textures, and groupings could be utilized to achieve the effect desired without removing or changing the permanent walls or the existing physical structure, an act which was forbidden. They did, however, now have a clearer idea of the psychological and social atmosphere desired.

Hospital staff members needed specifically the talents of

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people trained and experienced in the design and decoration field to carry out the ideas and concepts of the Clinical Committee.

The two groups decided to work closely together and, to supplement their knowledge in this experiment, to survey all existing literature concerning ward functions and design.

Acting in her dual capacity as Terrell Volunteer Council representative for the Dallas County Mental Health Association and as project coordinator for the two successfully completed N. S. I. D. projects, Louise Wolff Kahn extended an invitation to officers of the professional decorators' group, the administrative heads of the hospital, the Board for Texas State Hospitals and Special Schools, and civic leaders to meet and discuss the undertaking.

The N. S. I. D. unanimously voted to take on the job as a community service. The following committee was appointed immediately to begin planning with the hospital people. Each was assigned to a separate area of responsibility.

Chairman, Louise Wolff Kahn
Design Coordinator, W. Ralph Merrill
Lorene Allison
Marjorie Carter
A. Eugene Frazier
Robert Funk

William D. Grimes
Berneice Johnson
Bonnie Shelton
Myrtle Ione Long

Although the selected committee members represented firms whose interests were highly competitive during their business hours, these people pooled their creative talents in this volunteer challenge and worked together as one closely knit team.

Each went to the hospital separately to talk with the patients and the hospital staff about what they liked or what bothered them about this place in which they lived.

Blue prints and floor plans were distributed to each committee member. They studied their own particular areas and met together with the hospital's committee to resolve the many questions in order to proceed to a proper design solution.

The volunteer council of the hospital acted as liaison between the hospital staff and the N. S. I. D. The chairman accepted responsibility for much of the correspondence with other mental hospitals concerning any studies which might prove useful in this experiment with color or furnishings.

It was first thought that the project would require about eight months of planning, design preparation, and final selection.

From the outset, however, this well-planned and valuable effort was destined to many delays and disappointments.

The tremendous building spurt in the Dallas-Fort Worth area increased the professional demands for the time of the designers involved in the work, since Terrell State Hospital is located an hour's drive through city traffic, 37 miles from Dallas. The trips to meetings at the hospital presented real difficulties for the committee.

The hospital itself involves a population which averages 2,650 patients and 900 employees. Many other new programs which demanded much of the administration's time also were under way on this 500-acre campus.

Many of the patients on the ward at the end of one year were not the same people as those who participated in the first

meetings. The average stay in the whole hospital has been reduced to somewhere around 125 days, and people were being discharged from B2 ward at a more rapid pace than this.

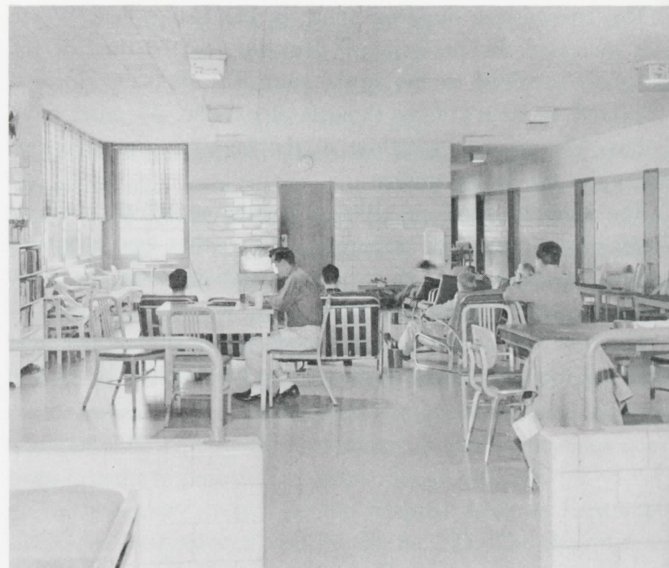
However, in the weekly ward meetings, which had been continued, the remarks of these patients were similar. They "felt no privacy." They felt they said, "as if it was sort of a jail"—even though they had an unlocked door.

The designers' committee somehow did manage the trips to the hospital. The chairman attended 18 such meetings with the hospital group. Scope of the project was listed in their analysis as "design, purchasing and installation." Fund raising was added later.

"BEFORE."

These pictures show the areas of the ward with which the decorating committee was concerned. The TV set in a main living room area presented problems—much the same as those which most American families have experienced.

Attention of everyone in the room is inevitably focused on the screen, whether or not the selection of program is one's own choice. Here the problem was multiplied because there were 57 members of the ward family, with varying tastes.

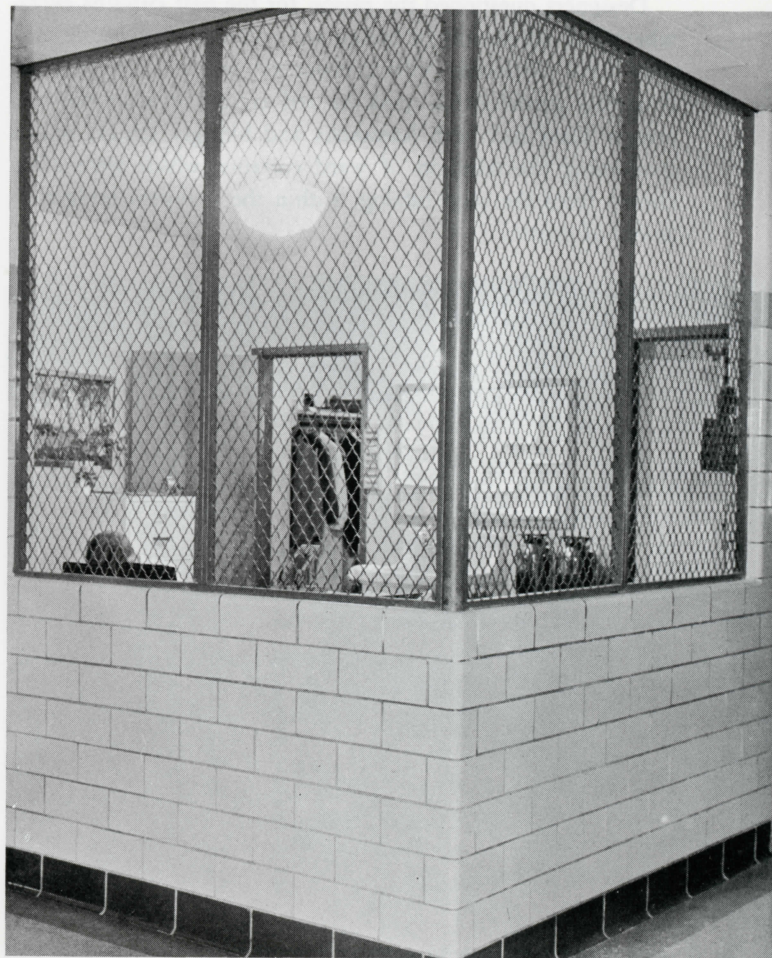


Meaningful conversation could seldom be enjoyed, on a man-to-man basis, or in the all-important development of communication between patient and nursing personnel.

Feelings about the "Nurses' Cage" were readily expressed by those who lived inside—and those who lived outside. The steel mesh which at some earlier period might have been a necessary safeguard acted now only to intensify any patient's reaction that the nurses and doctors were unapproachable.

The personnel said that they really did feel as if they lived "in a cage."

Would it help to just remove the ugly mesh barrier? It was worth a try.



Designers questioned the reason for the half curtains everywhere and the choices in design and color. Several of the men who lived in rooms with curtains of yellow cabbage roses flowering profusely on pink or red cotton or with tan and orange plaid had both humorous and biting critical retorts concerning the selection of ward curtains, which were often chosen from the state catalog, within the stringent budget allowed of course.



Seclusion—or privacy?

A seclusion room in a state hospital meant a place of isolation, before the advent of the revolutionizing miracle drugs.

At Terrell State Hospital, these rooms are often now assigned through democratic vote of the patient government council on a merit system basis. Such was the case on B2.

There really wasn't anything exactly wrong with this private room.

Since the ward was badly in need of paint, no additional cost to the hospital was involved. The ceilings of the entire ward were painted white to give light reflection, to give an impression of increased size, and to cope with the strong rich colors of the furnishings.

Walls of the smaller rooms were painted in four color combinations. Three walls the same, and the fourth, an unbroken wall on left or right of a deeper tone. Colors chosen were yellow, sand, deep beige, and the green of the tile. It was important to include this color to give meaning to the large amount of tile in the hallway.

Further definition of areas was provided by using two tones of blue in the corner reading room and the adjoining snack bar.



This music room—staff conference room—coffee room housed nonrelated equipment and was rarely used by the men on the ward.

Designers selected this space as a possible solution for a TV room and later combined its use with staff needs for a conference room.



If a feeling of worthlessness and unimportance can be assumed as one emotion most common in mental illness, the areas for bathing and attending to normal bodily functions in a state hospital ward would seem to encourage this feeling.

Why were there no toilet seats or paper holders? "Safety" was the answer.

It was thought that lightweight modern plastic seats would reasonably preclude the possibility of the patient's using it as a weapon to injure himself or his ward companions. A swinging half door would give privacy and still not present any difficulties of control or supervision.

Using the same fabric for shower curtains and as an enclosure for the tubs was suggested to the staff, and wholeheartedly approved for trial on this ward.



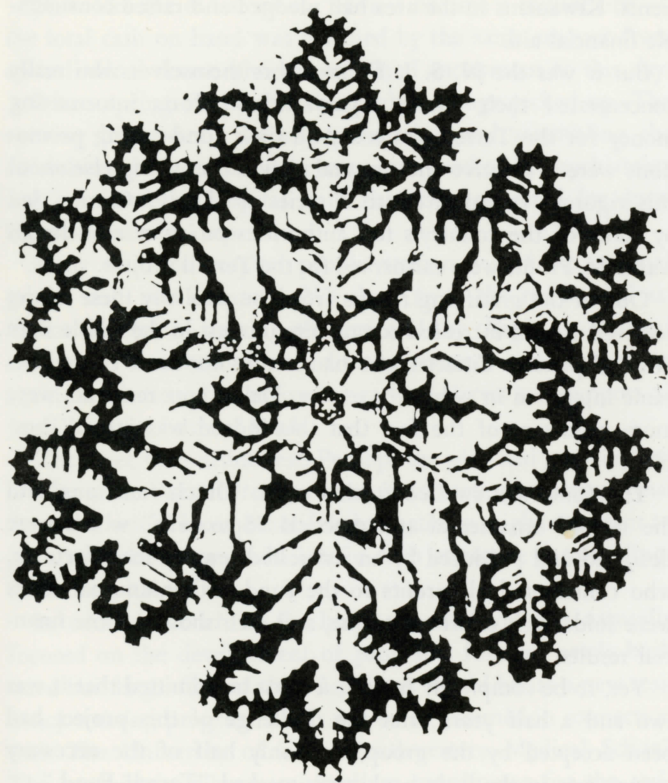
Barracks or Bedroom?

Beds were arranged in rigid rows in the existing bed areas which were dominated by pale green tile. Light was poor. The space between the bed bays and the windows to the porch was virtually wasted. Half curtains in a faded plaid only partially covered the familiar steel mesh screen at windows which looked out onto a porch area also enclosed in the same bountiful woven safeguard.



In a design analysis the decorators diagnosed some of their problems in using to best advantage and working over and around the hardness and sharpness of an unpleasant shade of green ceramic tile. It was permanent, and dominated all large-scale wall areas, extending above head height.

The problem of creating a more home-like atmosphere was challenging. In this "home" there was monotonous uniformity. Large areas were undefined by any emphasis.



PART II

After some months, the three major points in the designers' analysis had been planned and achieved—on paper—to the joint satisfaction of the hospital committee and the designers.

A year of planning and meetings had been wedged in between the many other professional duties of both groups.

Then came that all-important word—money. True, some had been raised through personal volunteer contributions, but there was far too little to begin.

Keen interest in the far-reaching possibilities of this community service project had increased the designers' desire to finish the job "right"—at least with no compromise in quality in making a choice of any of the furnishings.

Originally the hospital administration had thought that some of the items, or at least the majority of the labor of installation, could be provided through hospital channels. Two obvious attempts, the ordering of the bedspreads which needed replacing anyhow and the sewing and installation of shower curtains, were found to be impossible under existing policy rulings.

In the end, the only help which was available was in repainting the ward above the tile, and in installing the light fixtures, which had been purchased by the N. S. I. D.

The hospital Volunteer Council had continued their interest and support. But now their major fund-raising efforts were dedicated to the All Faith Chapel Fund which will, it is hoped, someday provide a place of worship for Terrell hospital pa-

tients. Kiwanians in the area had pledged and raised considerable financial aid.

But it was the N. S. I. D. members themselves who really concentrated their whole organization's efforts into raising money for the Terrell project. And their fund-raising promotions were as creative and unusual as was everything else about this vigorous volunteer effort. A series of "Design Clinics" led by some of the country's top authorities on color and design was held. Profits were earmarked for the Terrell project.

One of the gratifying results from the publicity these clinics received was an increased community interest in the whole state hospital picture. Citizens who had hardly known it existed became interested in volunteer service. Dallas area residents were more cognizant of the fact that this indeed was "their" hospital.

The fund was swelled further with "Dutch" auctions, and the sale of ornamental and practical "Spex-pins" which were designed and produced by an interested jewelry manufacturer, who contributed all profits to the fund. Other unusual items were sold. Each effort took time, and each showed some financial results.

Yet, to be completely honest, it must be admitted that it was two and a half years after the challenge of this project had been accepted by the group, and only half of the necessary money was in the little bank-book marked "Terrell Fund."

Then like the old story of "How I became a millionaire"—the total cash on hand was matched by the same amount from an individual donor who has remained anonymous to this day.

It was spring of the third year when things picked up. The exciting business of actually purchasing and assembling the furnishings began. Each item was again checked by psychiatrists and others of the hospital staff. Fabrics were tested for durability and easy upkeep.

Many of these hospital people were new. Of the original group, only two remained. Yet those two—the red-headed assistant director of nursing services, and the chaplain—brushed aside their frustrations and discouragements and jumped in again in an attempt to revive the earlier interest and support of local and state hospital heads.

They met with disinterest. Perhaps the plan had gone on just too long. Perhaps there was now some feeling expressed that the ward would be so beautiful that patients might not want to go home when they could live in such attractive surroundings in the hospital.

In addition, much of the hospital's attention was naturally focused on the development of programs for two newly built ward buildings. One of these buildings would house a new residency training program which was being planned in connection with The University of Texas Southwestern Medical School. The psychiatrist who was named as coordinator for the resi-

dency training became greatly interested in the B2 pilot project as well; and although his time was very limited, he gave encouragement and support to the concept of the ward. But finishing the work and beginning another phase of program planning in the new environment never did have the wholehearted support that the original idea had received.

Furniture selections were completed and, in a joint meeting with all people involved in the work, it was decided to set June as the opening date for the ward. Patients were to be transferred to the new residency ward during a two-week period in which the ward would be painted.

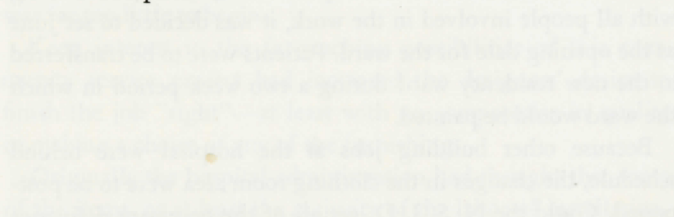
Because other building jobs at the hospital were behind schedule, the changes in the clothing room area were to be postponed. Could the N. S. I. D. get all of the necessary deliveries and installations completed during that two-week period? Their chairman said they would surely try.

Spring is a busy time for interior designers and their own professions were taking all of their daytime hours. In that two weeks while the ward was cleared of furniture and was being painted, several of Texas' leading designers could be found at Terrell working until the middle of many nights installing drapery hardware, putting up curtains, hand binding and laying the carpeting, bringing their own trucks from Dallas with deliveries, and finally placing furniture on the "tray" as they called the living room rug island. They made the deadline.

Everything seemed in order.

Pictures were taken and newspaper accounts of the project appeared in home furnishings columns. Editors handled the idea thoughtfully and displayed insight regarding the deeper purposes of the new environment.

The following picture pages show the unoccupied ward just after its completion.



WHAT PRICE LIGHT?

Inadequate lighting increased the gloom of a State Hospital ward. Tiny fixtures shielded on the sides, and shaded with frosted glass on the bottom housed low wattage bulbs, which on Ward B2, as in many other similar hospital wards, had to serve 14 people for reading, dressing and housekeeping duties.

One of the first impressions expressed by visitors to the Pilot Ward is that it is "so nice and light."

This impression was achieved through the fresh bone-colored

paint in all ceiling areas and wall areas above the tile, and the new handsome fluorescent lighting fixtures in the long front hall and living room.

The saving in electricity for these has already proved their practicality. An adaptation of the "egg-crate" fixture design is being used now in several new installations on the hospital campus.

The dominant living room area defined by the six lowered "egg-crate" lighting fixtures and arranged on the 15 x 24 foot island of carpet was planned to accommodate three distinct groupings, unified in their overall effect. Two were corner arrangements and one was a pair of chairs and a lamp table. One corner was formed with a pair of man-sized couches in teal blue upholstery fabric. A subtle touch of yellow, green, and royal can be seen on close inspection. A low oblong walnut table defines the corner.

The rug is done in a large grospoint weave, in shadings of amber and gold.

One gold chair with wood framing angles to another single solid teal couch, flanked by a pair of round marble-topped tables. Opposite this grouping, the pair of like chairs with flame-colored seats and back cushions provide a strong contrast to the pale green wall tile.

Two benches upholstered in flame naugehyde line the other wall, again providing contrast.



Deep walnut and cherry woods, not dark enough to have a staccato effect or light enough to look spotty, have been used to expand the strong and "male" look.

The hope in the new design was to keep consistent defini-



tion of area within a living room which could be comfortable and inviting; a home-like and at the same time important looking room which might stimulate friendly conversation.



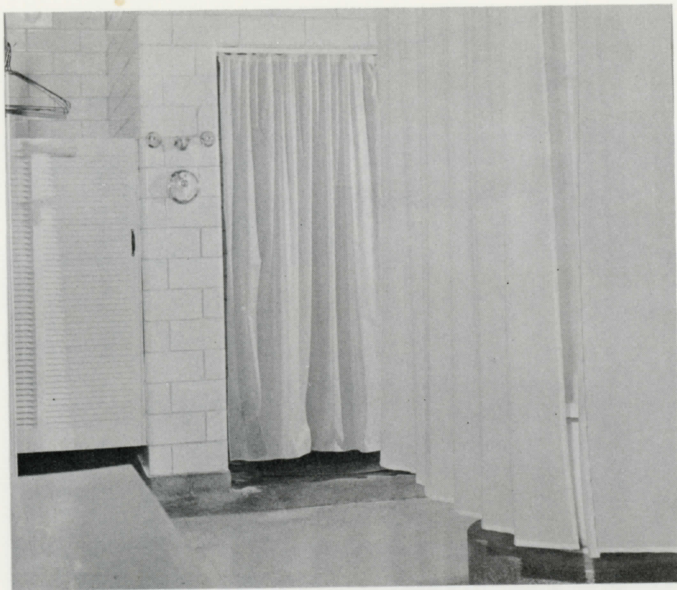
To develop the large empty space between beds and porch windows, individual groupings of furniture were arranged to give the effect of little sitting rooms belonging to each of the color-differentiated sleeping bays. So that these groupings could be moved around at will, lightweight woven lava-colored aluminum chairs with superior strength and comfort were chosen.

The open "cane" design of the metal furniture gives pattern against the tile walls, and the stone composition table tops repeat the effect of terrazzo floors.

Woven wood slat shades were hung with cord as a porch shade opposite each bedroom area. A new note of privacy can be achieved by just lowering the shade.

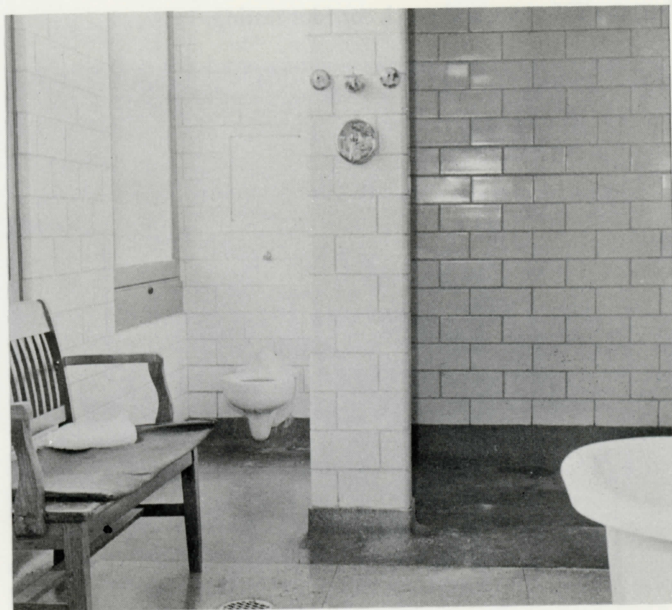
After a year of planning and some 18 conferences between the project chairman and the hospital staff committee, it was decided that the living area need not seat more than 15 persons at a time on upholstered furniture. This number was arrived at in consideration of the other areas being developed to absorb ward residents: the reading-writing room, the snack bar, the TV room, and porch corridor seating.





The appreciation of the men on the B2 pilot ward for these simple additions has been expressed over and over.

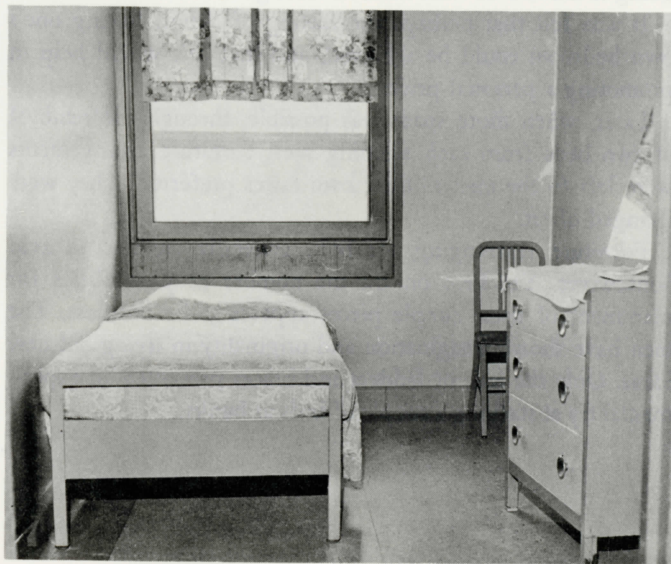
Before





were given by the designers, making of bedside rugs is used generally as a project in occupational therapy and the slip-covers for regular sized pillows could easily be made from a variety of volunteer-donated fabrics.

Before



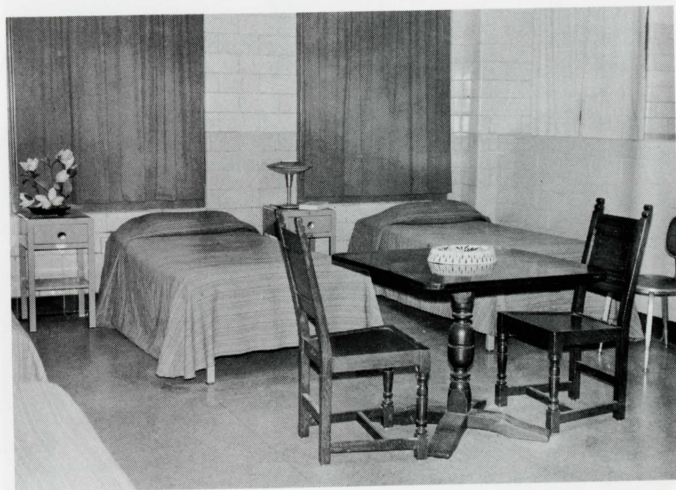
Patients on B2 now often call their ward the "Penthouse Bachelor Apartments." This private room is the same "seclusion room" as pictured previously. The only additions are a washable cotton rug, lamp, and four pillow covers. Although these

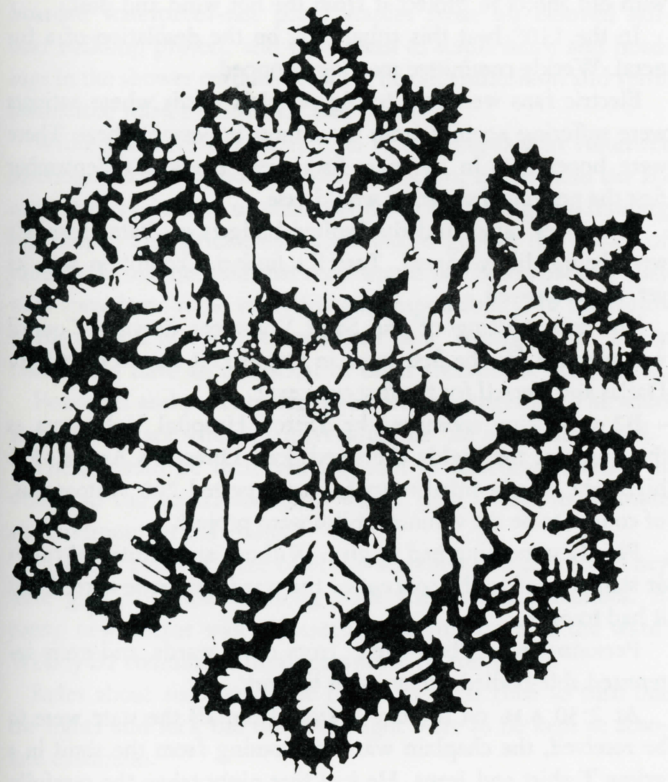
The choice of color combinations for the bed bays was finally made by the patients on the ward, whose interest proved much greater than anyone had anticipated. Samples of six possible color combinations of curtains and spreads had been tested again and again in the hospital laundry. Four were chosen. Minutes of this encouraging discussion include such remarks as "Well if I don't get that nice orangy color in my bedroom, I'm going to move over with whoever does get it."

It was felt that perhaps the feeling of almost having one's own bedroom could be achieved, and that this would help in promoting a personal pride.

Later, when more space was possible, through the removal of two beds from each sleeping area, furniture arrangements were left to the men as their own tastes preferred. They were changed often.

Furniture rearranging has been generally credited to avid housewives. Yet here on B2 the number of possibilities for placement of these simple pieces appears to be limitless. The men have shown imagination and originality in trying out new ideas. Only the lack of ladders and braces prevented an experimental try at stacking a couple of beds as bunks.





PART III

The disappointments and delays for B2 were not over yet. June came, and everything was in place. But the ward could not be used. The opening of the new residency training program and another ward building had drained the hospital's budget of money for hiring additional personnel. Technicians and attendants who had received training and had shown keen interest in the advanced methods which had been continued on B2 throughout nearly three years were chosen to be the key personnel in the new psychiatric residency training program.

The patients who had just been transferred were of course not the same people who started out with the concept of B2. Yet as different men came and went on the ward, the orientation, weekly ward meetings, and more permissive and intimate relationship with staff had been continued. And so with their staff moving with them, these people were excellent choices for the first patients to be a part of the progressive and fine residency training program.

The feelings of the N. S. I. D. and the B2 committee were mirrored in their attitudes, first of disbelief, then dismay, and finally disgust. There must be some way, they told each other. "After all the time—the blood, sweat, even a few real tears"—but there wasn't.

All summer the ward just sat there. When the hottest weather in years took its toll in energy, the committee finally gave up trying personally to keep it clean, and draped the furniture

with old sheets to protect it from the hot wind and dust.

In the 110° heat this ritual took on the desolation of a funeral. Weekly committee meetings stopped.

Electric fans were lent to old people's wards where patients were suffering agonies from the almost unbearable heat. There were hopes that in the new fiscal year beginning September first the personnel situation would ease.

September came, and the limited budgets of State Hospitals were being thinly spread. Terrell's financial condition was, as yet, not improved.

The fall meeting of the State Volunteer Services Council was planned for the first week in October. It was to be held in Dallas and Terrell for the first time ever.

B2 was being submitted by Terrell Hospital Volunteers as their bid for the highly cherished State Director's Award. The highlight of scheduled tours for an expected 200 visitors was, of course, to be the volunteer pilot ward project.

Plainly something had to give. Without any additional funds or staff trained to the concept of the ward, everyone agreed that it had to open.

Personnel were "borrowed" from other wards, and every interested able-bodied person went to work.

At 2:30 A.M. on the day visitors from all the state were to be received, the chaplain was seen coming from the ward in a grimy T shirt and jeans. He had that night taken the carefully

hoarded waterproof-salt proof staples from his beloved sailboat building project, and used them to staple hems and headings in the shower curtains on B2. The old enthusiasm and spirit behind the ward's renovation had returned.

While plans for the convention were being laid in volunteer meetings, leaders in hospital policy, doctors, nurses, and the B2 committee again took up such matters as ward program, training procedures, and principles which would govern the choice of patients. It was decided that men would be chosen because they were considered to be ready for self-responsibility. In the words of the clinical director, it would not be a "sitting ward." Every man would have an industrial or other therapeutic assignment.

Personnel and patients were to be oriented together. The ward would be a place where patients might be "de-institutionalized."

There would be increased freedom in selecting activities. It would, in the superintendent's words, be a setting to promote an "environment for living."

Eighteen patients were carefully screened and selected. They were given orientation along with the chosen personnel. A young new doctor was appointed to be in charge of the ward. Weekly B2 committee meetings were to be continued.

Rules about such mundane things as what time to turn out the lights and lock the doors at night were to be kept at absolute minimum.

It looked as if finally the challenge of the ward planned to

create an "environment for the living" was off to a smooth beginning. Detailed minutes of each weekly meeting were kept by the chaplain.

All was still not sweetness and light, however. A sudden order came to the committee to accept 30 very old patients who had occupied a ward which was to be immediately closed for renovation. There was nowhere else with room to take them in. There were 30 empty beds on B2.

Such incidents are bound to happen every so often in a community made up of 2,650 people. This type of emergency housing measure could happen in a small town where all the homes in just one block would have to be evacuated.

But even with this knowledge the B2 committee was nonetheless dejected.

Although everyone was concerned about these patients, they represented the absolute opposite of the carefully prepared criteria for selection of patients for B2.

Several of these people were considered extremely regressed. Some were mentally retarded. Most had little chance of returning to their communities. Few had relatives or friends with whom they had been in contact for years.

There was even some doubt about keeping the ward open and unlocked during the day. And the late 10:30 hour for closing the ward seemed impossible now. It was feared that these men might get confused and even actually lost on the grounds if al-

lowed to wander about the 500-hundred acre campus at will.

The old men came, and some surprises came with them. The younger men took the responsibility of rounding the old people up and making sure all were accounted for by dark. There has at this writing not been one single "escape" or "missing" report from the B2 pilot project.

Other surprising facts have been recorded since these sweet old gentlemen came in contact with the active men. One who had been "skin and bones" gained over 20 pounds in three weeks. No one knows why.

The chaplain has made it a point to jot down remarks verbatim from patient interviews.

In one he quotes a man as saying, "When I came here I didn't care about how I looked or whether I was clean or dirty. But here on B2 I felt out of place when I was dirty, and I wanted to stay clean because everything was so clean and nice."

The younger men firmly enforced some rules with the old gentlemen which they had made for themselves, and added another one hesitantly.

Acting as the patient council, they decided that for the time being they would make just the living room with the upholstered furniture and carpeting a "no smoking" area.

Naturally the plan of activities for the ward has gone more slowly since this turn of events was necessary. One by one the old patients who cannot be considered as a possibility for complete rehabilitation or return to active community life are being transferred to very comfortable Witt Hall quarters.

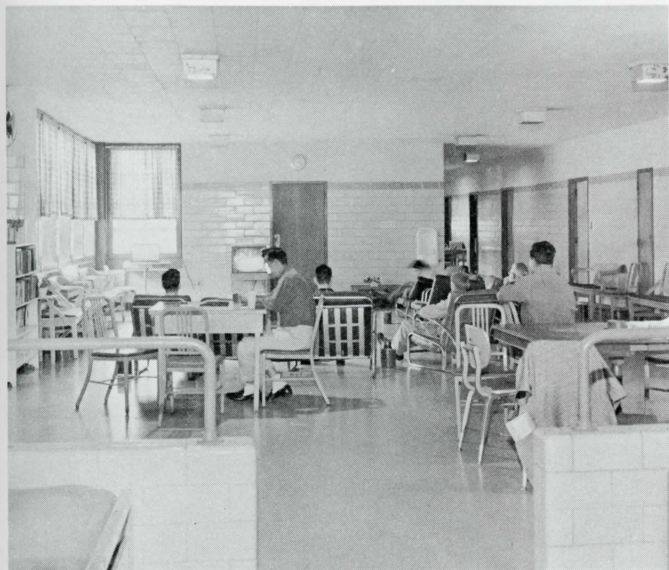
The high degree of cooperation and understanding with which the younger men took on this added responsibility has been beyond the staff's greatest expectations. They not only have done well with the responsibility for themselves, dividing household and other chores on the ward, they also have done a great deal of what one of the young men termed as "papa sitting."

Some of the old men have taken a new interest in physical activities and current news events. Perhaps just being among lively younger men also creates for the elderly—an "environment for living."

Patients did all of the decorating. Steel railings became candy canes and gay streamers floated from every corner.

Furniture was moved for parties during the season. The rug was rolled up at times for dancing. After each activity, the furniture arrangement would take on a different appearance. Pa-

Before



tients said it was not for any particular reason but just for a change. Always the definition of the social groupings with the light fixtures forming "the lid to the box" and the carpeted area, "the floor" was continued, without any instructions that this should be done.

Patients' families have always been welcome during visiting hours at Terrell State Hospital.

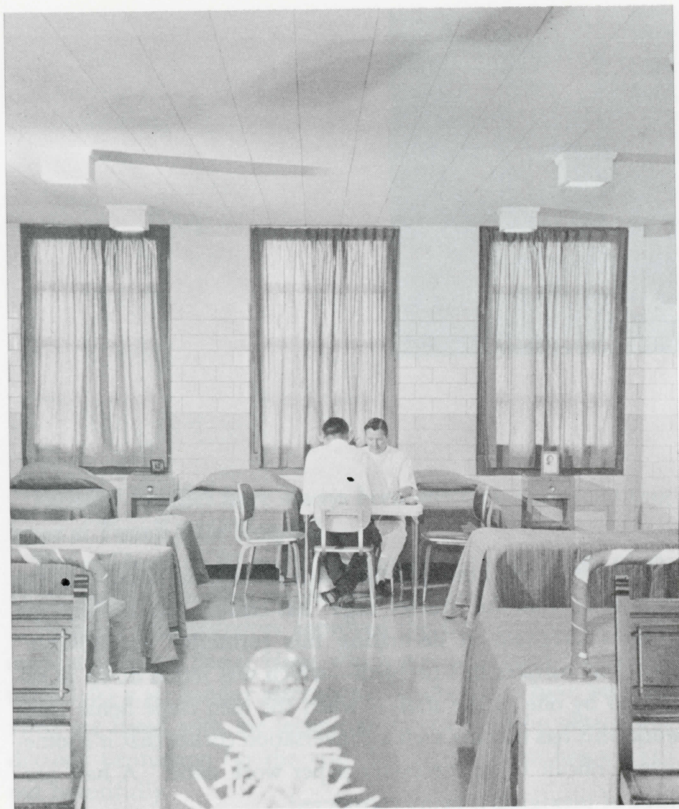
The residents of B2 ward also requested the privilege of inviting guests from other wards, both male and female.

Hospital administrators approved the B2 Committee recommendation for a Social Hour which was scheduled from 2:00 until 3:00 P.M. Sunday afternoons. Visitors who have been invited are listed with the technician in charge, who obtains the doctor's permission for the visit. So far, this plan has worked out beautifully.





If there is such a thing as too much success, the removal of the steel mesh from the "nurses' cage" has created this. Perhaps the patients' freedom in decorating this formerly "untouchable" area demonstrates this problem—which was jotted down as expressed by one of the staff—"when the men come home from work, this has become such a conversation corner that it's sometimes difficult to get necessary paper work done." A half partition of plexiglass is being considered.



Even in the midst of Christmas activities there is a place for a quiet game of chess. And even in a busy schedule, this technician can give his complete attention for a time to a single patient who may feel the need for this closer relationship.

One can't help sensing a tone of personal ownership in these wide open yet semi-private bed areas. On "his own" night table, a man may put his own alarm clock, or a picture of his wife.

In a recent letter to his family one patient wrote "it's a wonderful place to be—next to being home."



The snack bar is a place where, in the words of one patient, "we can be messy." A donated refrigerator is used by everyone.

Nurses and patients who have their own funds contribute 5c per cup to the "coffee kitty" (shown on the table).

It is interesting to note that this cash change has never been missing—in total or in part.

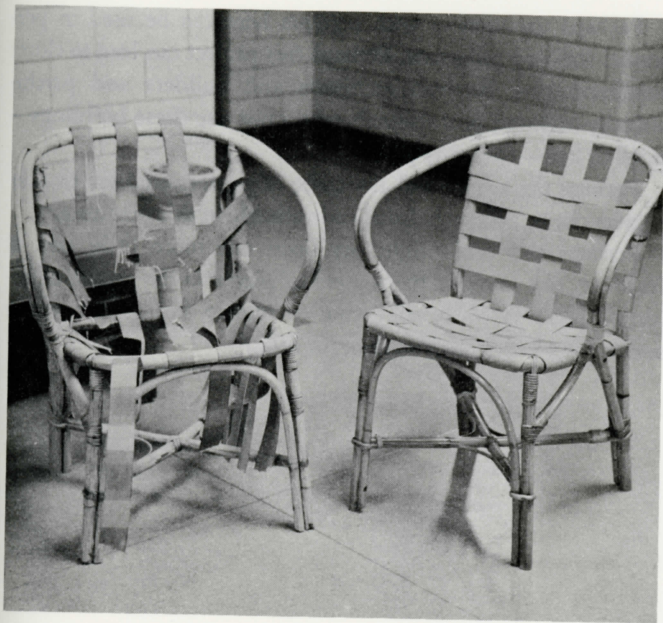
Several other Terrell State Hospital wards have adopted the snack bar idea.

Volunteers have purchased large coffee urns for this one and the others with trading stamps.



With no reservations, staff and patients agree that the combination TV-Conference room has been a whopping success.

Out in the living room, the piano and record-player radio combination serve to draw people into conversation and participation. Here in the smaller TV room the door can be closed. The table is used for coffee and ash trays. It also serves as a conference table for staff.



Money ran out before the N. S. I. D. could complete reading room and snack bar furnishings. A donation of weathered but good quality rattan furnishings was received in the Volunteer Center shortly after the first Christmas on B2. It presented the perfect opportunity for a patient project. Each man who volunteered to sand-paper, retie, and refinish this furniture worked on just "his own chair or couch or table," from start to finish.

The pride in this do-it-yourself kind of work has so far equalled that of many suburbanites. Residents on the ward anticipate finishing the complete refurnishing of these two rooms themselves.

Conclusions? There can't be any. At least not yet.

Conclusions on the actual effect of the ward's physical environment cannot be based on a professional evaluation. No formal research program has been established on which these conclusions could be based.

If, however, the ward becomes just a place where some nice volunteers gave some pretty furniture, it will have failed, both from the viewpoint of the professional designers and from that of the professionals in the field of mental illness with whom they worked.

If it can serve to help guide furniture manufacturers in their search for better and more usable designs, well and good.

Perhaps experiences with patients here can be used in personnel training programs. Perhaps this project can lead to closer communication between architects and builders and psychiatrically-oriented professionals who must use these buildings—good or bad—for many years.

Perhaps the advice and assistance of professional interior designers can be proved helpful and valuable in this planning.

Perhaps this tool might pry open one more little area of learning, one more of the myriad of pieces to the puzzle of behavior patterns of us all, who, as human beings, constantly search for a better environment for living.

